## L19000190135

(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



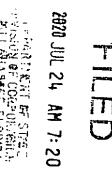
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## COVER LETTER

TO: Registration Se Division of Cor			
Wenmouth	Enterprises USA LLC		
SUBJECT:		· · · · · · · · · · · · · · · · · · ·	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Wenmouth		
	<del> </del>	Name of Person	
	Wenmouth Enterprises US	SALLC	
		Firm/Company	<del></del>
	9951 Atlantic Blvd, Suite	440	
		Address	
	Jacksonville, Florida, 322	25	
		City/State and Zip Code	
	jayjay090680@hotmail.co.	•	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please ea	all:	
James Wenmouth		904 480-2643	
		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25 00 Filing Fee	= \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
L viing too	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Wenmouth Enterprises USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_\_\_L19000190135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9951 Atlantic Blvd, Suite 440 Enter new principal offices address, if applicable: Jacksonville (Principal office address MUST BE A STREET ADDRESS) Florida 32225 9951 Atlantic Blvd, Suite 440 Enter new mailing address, if applicable: Jacksonville (Mailing address MAY BE A POST OFFICE BOX) Florida 32225 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cin

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Note: If the	te, if other that date is listed, the da date inserted in t effective date on	his block does i	not meet the app	licable statutory	filing requireme	_ (Optional) ays after filing.) Pur ints. this date will	Suant to 605 0207 not be listed as
ne record spec ord is filed.	ifies a delayed of	fective date, bu	t not an effective	time, at 12:01	a.m. on the earlic	er of: (b) The 90	th day after the
July	22		2020				
			,	·			
Dated							
Dated	Jh	$\mathcal{M}$			tative of a member		

Filing Fee: \$25.00